

Attachment 2

Sample of an HMO Disenrollment Notice

Please save this notice in a safe place.

As of (DATE) , the persons listed below are no longer enrolled in an HMO. They may get their health care from any Medicaid-certified provider. We will let you know if you are re-enrolled in an HMO.

If you have questions about your eligibility or how to receive health care, please call Recipient Services at **1-800-362-3002**. They can help you with all your questions.

Social Security Number or ID#

Last Name, First Name, Middle Initial

Questions?
Call 1-800-362-3002.